

PTO/SB/81 (08-03)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	RABENOLD, Nancy J.
Title	AUTOMATED CONDITION EVALUATOR
Art Unit	
Examiner Name	
Attorney Docket Number	01004.1030

I hereby appoint:

 Practitioners associated with the Customer Number:

35856

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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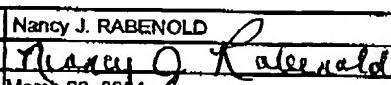
Telephone

Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name: Nancy J. RABENOLD

Signature: 

Date: March 29, 2004

Telephone: (813) 621-7881 x 11

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (09-03)

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INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	RABENOLD, Nancy J.
Title	AUTOMATED CONDITION EVALUATOR
Art Unit	
Examiner Name	
Attorney Docket Number	01004.1030

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Name	Registration Number

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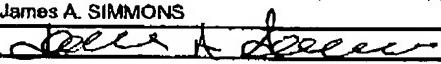
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OR

 Firm or Individual Name:
Address: Address: City: State: Zip: Country: Telephone: Fax:

I am the:

 Applicant/Inventor:
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record

Name	James A. SIMMONS	
Signature		
Date	March 29, 2004	Telephone (813) 621 7881 x 12

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of 2 forms are submitted.

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PTO/SB/01 (08-03)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	01004.1030
First Named Inventor	RABENOLD, Nancy J.
COMPLETE IF KNOWN	
Application Number	
Filing Date	March 29, 2004
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AUTOMATED CONDITION EVALUATOR

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments or the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/01 (06-03)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number: **35856** OR Correspondence address below

Name			
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Address			
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City	State	ZIP
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Country	Telephone	Fax
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	---

Given Name (first and middle [if any]) Nancy J.	Family Name or Surname RABENOLD
--	------------------------------------

Inventor's Signature <i>Nancy J. Rabenold</i>	Date March 29, 2004
--	------------------------

Residence: City Brandon	State Florida	Country USA	Citizenship US
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Mailing Address 904 Pine Hollow Place			
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City Brandon	State Florida	ZIP 33510	Country USA
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NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
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Given Name (first and middle [if any]) James A.	Family Name or Surname SIMMONS
--	-----------------------------------

Inventor's Signature <i>James A. Simmons</i>	Date March 29, 2004
---	------------------------

Residence: City Brandon	State Florida	Country	Citizenship USA
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Mailing Address 1704 Woodwatch Way			
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City Brandon	State Florida	ZIP 33510	Country USA
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<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.
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[Page 2 of 2]

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